

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on December 29, 2003.

I. DISPUTE

Whether there should be reimbursement for HCPCS code J7317 rendered on August 22, 2003.

II. RATIONALE

Review of the requestor's appeal letter dated November 19, 2003 partially states, "...J7317 was denied stating this is not a valid HCPCS code. I have attached page 74 of the 2003 HCPCS book and highlighted code J7317. As you can plainly see, this is a valid code. Reprocess immediately."

Review of the carrier's EOB with an audit date of 10/6/03 revealed that HCPCS code J7317 was denied with a reduction code of "N2 TWCC CODE: N – NOT APPROPRIATE DOCUMENTED. The procedure/HCPCS code is not a valid code." HCPCS code J7317 (Sodium hyaluronate, per 20 to 25 mg dose for intra-articular injection) is considered a valid code according to the Medicare Fee Schedule, and will be reviewed by the commission. The requestor did not submit relevant information per Rule 133.307 to meet the documentation criteria set forth by the Medical Fee Guideline. The requestor is therefore, not entitled to reimbursement of the dispute charge.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement for HCPCS code J7317.

The above Findings and Decision is hereby issued this 5th day of April 2004.

Margaret Q. Ojeda
Medical Dispute Resolution Officer
Medical Review Division

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